

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90094 040 ***150.00

DOCUMENT # P01000021400

1. Entity Name
TOTAL MAINTENANCE SOLUTIONS, INC.



Principal Place of Business
8936 MARLEE RD.
JACKSONVILLE FL 32222

Mailing Address
8936 MARLEE RD.
JACKSONVILLE FL 32222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3703342

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOMER, GEORGE M
2362 A BLANDING BLVD.
MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BEESON, JIM**
STREET ADDRESS **8936 MARLEE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HANSON, THOMAS F**
STREET ADDRESS **8946 MARLEE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☒ Change ☐ Addition
NAME **THOMAS E HANSON**
STREET ADDRESS **133 HUDSON DR.**
CITY-ST-ZIP **MILLEDGEVILLE GA 31001**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Thomas E. Hanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03

904-777-5064

Daytime Phone #

CR2E034 (10/02)